

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2008
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZ CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure and complaint survey conducted in your facility on 4/11/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 10 Category 2 beds. The facility had the following endorsement(s): Residential Facility which provides care to persons with Alzheimer's disease.</p> <p>The census at the time of the survey was 10. Ten resident files and 4 employee files were reviewed. One closed file was reviewed.</p> <p>Complaint #NVS00013598 was investigated and unsubstantiated.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 067 SS=E	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must:</p>	Y 067		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 067	Continued From page 1 (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the provisions of NAC 449.156 through 449.2766 were read and understood by 2 of 4 employees. Findings include: The file for Employee #2 did not contain a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. The file for Employee #3 did not contain a signed statement indicating the employee had read and understood the regulations for Residential Facilities for Groups. Severity: 2 Scope: 2	Y 067		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	Y 070		

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Y 070	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure not less than 8 hours of training related to providing for the needs of the residents was obtained by 4 of 4 caregivers.</p> <p>Findings include:</p> <p>The file for Employee #1 did not contain evidence of any training related to providing for the needs of the residents for the past year.</p> <p>The file for Employee #2 contained a Certificate of Completion (dated 1/6/08) for 8 hours of comprehensive training in the ABC's of Caregiving. (See Note Below)</p> <p>The file for Employee #3 contained a Certificate of Completion (dated 1/6/08) for 8 hours of comprehensive training in the ABC's of Caregiving. (See Note Below)</p> <p>The file for Employee #4 did not contain evidence of any training related to providing for the needs of the residents.</p> <p>Note: Rosters from the instructor presenting the class revealed she did not present comprehensive training in the ABC's of Care giving on 1/6/08. The names of Employees #2 and #3 were not on any of the instructor's rosters for the month of January 2008.</p> <p>Severity: 2 Scope: 3</p>	Y 070		
Y 072 SS=F	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>NAC 449.196</p> <p>3. If a caregiver assists a resident of a residential</p>	Y 072		

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Y 072	<p>Continued From page 3</p> <p>facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must:</p> <p>(a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and</p> <p>(b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an 3-hour medication management training course was taken and a test successfully passed by 3 of 4 employees.</p> <p>Findings include:</p> <p>The file for Employee #2 contained a copy of a certificate (dated 12/16/07) for successful completion of training and testing in Medication Administration and Management by a BELTCA/BLC approved provider for 8 continuing education units (CEU's). (See Note Below)</p> <p>The file for Employee #3 contained a copy of a certificate (dated 12/16/07) for successful completion of training and testing in Medication Administration and Management by a BELTCA/BLC approved provider for 8 CEU's. (See Note Below)</p>	Y 072			

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Y 072	Continued From page 4 The file for Employee #4 did not contain evidence of any Medication Management Training. Note: Rosters from the instructor presenting the classes revealed she did not hold a Medication Administration Management class on 12/16/07. The names of Employees #2 and #3 were not on any of the instructor's rosters for the month of December 2007. Severity: 2 Scope: 3	Y 072		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure current Tuberculosis (TB) test results were in the files for 4 of 4 employees. Findings include: The file for Employee #1 did not contain evidence of current TB test results. The last test results were from 2/15/07. The file for Employee #2 did not contain evidence of current TB test results. The last test results were from 11/05.	Y 103		

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Y 103	Continued From page 5 The file for Employee #3 did not contain evidence of current TB test results. The last test results were from 1/06. The file for Employee #4 did not contain evidence of current TB test results. The last test results were a chest x-ray dated 9/24/02. Severity: 2 Scope: 3	Y 103		
Y 104 SS=B	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure references were checked for 2 of 4 employees. Findings include: The file for Employee #1, hired as a caregiver 11/10/06, did not contain evidence of any references. The file for Employee #3, hired as caregiver 1/1/08, contained evidence of only one signed reference. Severity: 1 Scope: 2	Y 104		

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Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200</p> <p>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:</p> <p>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by:</p> <p>NRS 449.179 Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>1. Except as otherwise provided in subsection 2, within 10 days after hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188 </NRS/NRS-449.html>;</p> <p>(b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a);</p> <p>(c) Obtain from the employee or independent contractor two sets of fingerprints and a written authorization to forward the fingerprints to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and</p> <p>(d) Submit to the central repository for Nevada records of criminal history the fingerprints obtained pursuant to paragraph (c).</p> <p>2. The administrator of, or the person licensed to</p>	Y 105		

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Y 105	Continued From page 7 operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups is not required to obtain the information described in subsection 1 from an employee or independent contractor who provides proof that an investigation of his criminal history has been conducted by the central repository for Nevada records of criminal history within the immediately preceding 6 months and the investigation did not indicate that the employee or independent contractor had been convicted of any crime set forth in NRS 449.188 </NRS/NRS-449.html>. 3. The administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall: (a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor; (b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the central repository for Nevada records of criminal history for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the central repository for Nevada records of criminal history. 4. Upon receiving fingerprints submitted pursuant to this section, the central repository for Nevada records of criminal history shall determine whether the employee or independent contractor has been convicted of a crime listed in NRS 449.188 </NRS/NRS-449.html> and immediately	Y 105		

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Y 105	<p>Continued From page 8</p> <p>inform the health division and the administrator of, or the person licensed to operate, the agency or facility at which the person works whether the employee or independent contractor has been convicted of such a crime.</p> <p>5. The central repository for Nevada records of criminal history may impose a fee upon an agency or a facility that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The agency or facility may recover from the employee or independent contractor not more than one-half of the fee imposed by the central repository. If the agency or facility requires the employee or independent contractor to pay for any part of the fee imposed by the central repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. (Added to NRS by 1997, 442; A 1999, 1946)</p> <p>Based on record review, the administrator failed to ensure copies of fingerprints were in the files for 3 of 4 employees.</p> <p>Findings include:</p> <p>The file for Employee #1, hired as a caregiver 11/10/06, did not contain evidence of any fingerprints.</p> <p>The file for Employee #2, hired as a caregiver 1/1/08, did not contain evidence of any fingerprints.</p> <p>The file for Employee #3, hired as a caregiver 1/1/08, did not contain evidence of any fingerprints.</p> <p>Severity: 2 Scope: 3</p>	Y 105			

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Y 273 Y 273 SS=E	Continued From page 9 449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure a special diet was provided as prescribed by a physician for 3 of 10 residents. Findings include: Observation: Resident #1 The file for Resident #1 (admitted 3/13/07) with diagnoses including diabetes mellitus, revealed the resident was to receive a low sodium, diabetic diet. There were no low sodium or diabetic diets posted or kept on file. Resident #2 The file for Resident #2 (admitted 3/7/08) with diagnoses including high blood pressure revealed the resident was to receive a low sodium diet. There were no low sodium or diabetic diets posted or kept on file.	Y 273 Y 273		

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Y 273	Continued From page 10 Resident #7 The file for Resident #7 (admitted 5/8/06) with diagnoses including diabetes mellitus, revealed the resident was to receive no concentrated sweets. Interview: Upon entrance to the facility on the morning of 4/10/08, the bulletin used for displaying menus did not have any regular or special diet menus attached. Employee #2 explained that the administrator had them. Note: After lunch on 4/10/08, all residents were given a slice of pie. Severity: 2 Scope: 2	Y 273		
Y 876 SS=E	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that an agreement addressing possession and assistance in the administration of medications was signed for 5 of 10 residents. Findings include:	Y 876		

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Y 876	Continued From page 11 The files for Residents #3, #4, #6, #7, and #8 did not contain signed medication management agreements. Severity: 2 Scope: 2	Y 876			
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to administer medications as prescribed by a physician for 7 of 10 residents Findings include: Abbreviations: BID = twice a day cap = capsule hs = hour of sleep (bedtime) MAR = Medication Administration Record MDI = multidose inhaler	Y 878			

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Y 878	<p>Continued From page 12</p> <p>mcg = micrograms mEq = milli-equivalents mg = milligrams prn = as needed for OTC = over the counter po = by mouth Q = every QD = every day QID = four times a day tab = tablet TID = three times a day</p> <p>Findings include:</p> <p>Record review</p> <p>Resident #2</p> <p>The file for Resident #2 had an order for stool softener 1 cap po prn. The MAR read stool softener 1 po BID. Documentation on the MAR indicated the Resident was receiving the stool softener on a regular basis and not on an "as needed" basis.</p> <p>Resident #3</p> <p>The file for Resident #3 had an order for Aspirin 81 mg 1 tab PO QD. There was no Aspirin listed on the MAR. There was no Aspirin available in the medication bin for Resident #3.</p> <p>Resident #5</p> <p>The file for Resident #5 had the following discrepancies:</p> <p>a) There was an order for Albuterol HFA 6.7. The MAR read Albuterol HFA 6.7 mg 3 inhalations TID. Documentation on the MAR</p>	Y 878		

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Y 878	<p>Continued From page 13</p> <p>indicated Resident #5 was receiving Albuterol HFA 6.7 mg 3 inhalations TID.</p> <p>b) There was an order for liquid antacid, amount and frequency unclear. The medication was not listed on the MAR.</p> <p>c) There was an order for Tylenol 325 mg 2 tabs PO Q 6 hours as needed for pain or for temperature greater than 100. There was no Tylenol listed on the MAR.</p> <p>d) There was an order for Nifedical 60 mg, amount and frequency unclear. The medication was not listed on the MAR. There was no Nifedical in the medication bin for Resident #5.</p> <p>e) There was an order for Lomotil 2.5 mg amount and frequency unclear. There was no Lomotil listed on the MAR. There was no Lomotil in the medication bin for Resident #5.</p> <p>f) There was no order for Metoprolol. Documentation on the MAR indicated the Resident was receiving Metoprolol 50 mg ER 1 tab po QD. There was a bottle of Metoprolol 50 mg in the medication bin for Resident #5.</p> <p>Resident #6</p> <p>The file for Resident #6 had the following discrepancies:</p> <p>Regarding the MAR for February 2008:</p> <p>a) According to the MAR, Resident #6 was to receive Atenolol 25 mg 1 tab PO QD. Documentation on the MAR revealed Resident #6 was receiving this medication BID.</p>	Y 878		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2008
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZ CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
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Y 878	<p>Continued From page 14</p> <p>b) According to the MAR, Resident #6 was to receive Spironolactone 100 mg 1 tab PO QD. There was no documentation on the MAR for February 2008 indicating Resident #6 received Spironolactone that month.</p> <p>Regarding the MAR for April, 2008:</p> <p>a) There was an order for Actonel 35 mg 1 po Q week. This medication was not listed on the MAR. Actonel 35 mg was available in the medication bin for Resident #6.</p> <p>b) There was an order for Ursodiol 300 mg 2 - 3 caps QD. Documentation on the MAR revealed Resident #6 was receiving Ursodiol 300 mg 1 cap TID.</p> <p>c) There was an order for Atenolol 25 mg 1 tab po QD. The medication was not listed on the MAR. There was a bottle of Atenolol 25 mg in the medication bin for Resident #6.</p> <p>d) There was an order for Clarinex 5 mg 1 tab po QD and Mirtazapine 15 mg 1 tab PO QD. These two medications were not listed on the MAR. These two medications were not available in the medication bin for Resident #6 .</p> <p>e) There was an order for Oxycodone 20 mg 1 tab PO BID prn pain. Documentation on the MAR revealed Resident #6 was receiving Oxycodone 20 mg 1 tab PO BID (scheduled).</p> <p>f) There were no orders for Resident #6 to receive a multiple vitamin or Calcium. The MAR read Multivitamin 1 tab PO QD and Calcium plus D 500 mg 1 tab po QD.</p> <p>Resident #7</p>	Y 878		

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Y 878	<p>Continued From page 15</p> <p>The file for Resident #7 had the following discrepancies:</p> <p>a) There was an order for Norvasc 10 mg 1 tab PO QD. The medication was listed on the MAR. There was no Norvasc available in the medication bin for Resident #7.</p> <p>b) There was an order for enteric coated Aspirin 81 mg 1 tab PO QD. The medication was listed on the MAR. There was no enteric coated Aspirin in the medication bin for Resident #7.</p> <p>c) There was an order for Lipitor 20 mg 1/2 tab PO QD. The MAR listed Lipitor 20 mg 1/2 tab PO QD. There was no Lipitor 20 mg in the medication bin for Resident #7.</p> <p>Resident #9</p> <p>The file for Resident #9 had the following discrepancies:</p> <p>a) There was no order for Naproxen. There was a bottle of Naproxen with a label dated 1/10/08 that read 500 mg 1 tablet po Q 8 hours prn pain.</p> <p>Resident #10</p> <p>The file for Resident #10 had the following discrepancies:</p> <p>a) There was an order (dated 4/9/08) for Kcl 10 mEq 2 tablets po QD. The medication was not listed on the MAR.</p> <p>b) There was an order for Lasix 40 mg 1 tab po QD. The medication was not listed on the MAR.</p>	Y 878			

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Y 878	Continued From page 16 c) There was an order for Restoril 30 mg 1 tab po at hs; may give additional 15 mg if ineffective. This medication was not listed on the MAR. Interview Employee #2 explained that the daughter-in-law of Resident #6 told her not to give the Actonel or the Atenolol to the Resident. Employee #2 explained that the daughter-in-law also told her to give the multivitamin and calcium. Employee #2 explained that the Lipitor had been "changed" for Resident #7. Employee #2 explained that Resident #9 had received Kcl 10 mEq 1 tablet this morning and would be receiving the second tablet this evening. Employee #2 was not sure why the Restoril was not on the MAR. Severity: 2 Scope: 3	Y 878			
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	Y 936			

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Y 936	<p>Continued From page 17</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure the required tuberculosis (TB) tests were conducted for 5 of 10 residents.</p> <p>Findings include:</p> <p>Resident #1</p> <p>The file for Resident #1 contained evidence of a one-step TB skin test done 3/29/08. There was no evidence of results of a prior two-step test.</p> <p>Resident #3</p> <p>The file for Resident #3 contained evidence positive results for the first step of a two-step TB test on 2/8/07, along with negative results from a subsequent chest x-ray on the same date. There was no evidence that an annual signs and symptoms surveillance (due 2/08) had been performed.</p> <p>Resident #7</p> <p>The file for Resident #7 contained evidence of negative results for an initial two-step TB skin test on 2/18/07. There was no evidence of an annual one-step TB skin test (due 2/08).</p> <p>Resident #8</p> <p>The file for Resident #8 contained evidence of negative results for a two-step TB skin test 1/15/06 and a one-step TB test on 1/20/07. There was no evidence of an annual one-step TB skin test (due 1/08).</p> <p>Resident #10</p>	Y 936			

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Y 936	Continued From page 18 The file for Resident #10 (admitted 12/4/07) did not contain results of any TB skin tests or any testing in progress. Severity: 2 Scope: 3	Y 936		
Y 993 SS=F	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: NAC 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia,	Y 993		

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Y 993	Continued From page 19 including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours of units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was first employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. 2. A person employed by a facility which provides care to persons with any form of dementia, including, without limitation, dementia caused by	Y 993		

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Y 993	<p>Continued From page 20</p> <p>Alzheimer's disease, is not required to complete the hours of training or continuing education required pursuant to this section if he has completed that training within the previous 12 months.</p> <p>Based on record review, the facility failed to ensure required training was successfully completed and continuing education was received by 4 of 4 employees.</p> <p>Findings include:</p> <p>The file for Employee #1 did not contain any evidence of continuing education in caring for persons with Alzheimer's for the past year.</p> <p>The file for Employee #2 contained a certificate (dated 11/04/07) for successful completion of 8 hours training in "Catastrophic Reaction - Understanding Dementia and Influencing Behavior." (See Note Below)</p> <p>The file for Employee #3 contained a certificate (dated 11/04/07) for successful completion of 8 hours training in "Catastrophic Reaction - Understanding Dementia and Influencing Behavior." (See Note Below)</p> <p>The file for Employee #4 contained a certificate, dated 2/7/05, for 20 hours training in the care of persons with Alzheimer's. There was no evidence of any continuing education in the care of Alzheimer's in the past year.</p> <p>Note: Rosters from the instructor whose name was on the certificate revealed that no class titled "Catastrophic Reaction - Understanding Dementia and Influencing Behavior" was held on 11/04/07. The names of Employees #2 and #3</p>	Y 993			

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Y 993	Continued From page 21 were not on any of the instructor's Alzheimer's training rosters for the month of November 2007. Severity: 2 Scope: 3	Y 993			
YA870 SS=E	449.2742(1)(a-c) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). This Regulation is not met as evidenced by: Based on record review, the facility failed to have the residents' medication reviewed by a	YA870			

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YA870	Continued From page 22 physician, pharmacist or registered nurse at least once every 6 months for 4 of 10 residents. Findings include: Resident #1 The file for Resident #1 (admitted 3/13/07) did not contain evidence of a medication review for 10/07 or 4/08. Resident #4 The file for Resident #4 (admitted 6/30/06) did not contain evidence of a medication review for 12/06, 6/07 and 12/07. Resident #7 The file for Resident #7 (admitted 5/8/06) did not contain evidence of a medication review for 9/07 and 3/08. Resident #8 The file for Resident #8 (admitted 1/11/06) did not contain evidence of a medication review for 7/06, 1/07, 7/07, and 1/08. Severity: 2 Scope: 3	YA870			
YA905 SS=D	449.2746(1)(a-c) PRN Medication NAC 449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication;	YA905			

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YA905	<p>Continued From page 23</p> <p>(b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain written instructions indicating the specific symptoms for which two prn (as needed) medications were to be given for 2 of 10 residents.</p> <p>Findings include:</p> <p>Resident #2</p> <p>The file for Resident #2 contained an order to take a stool softener prn. The order did not specify what the medication was for (constipation) or how often it could be taken.</p> <p>Resident #3</p> <p>a) The file for Resident #3 contained an order to take Hydrocodone 5/500 milligrams 1 tablet by mouth three times a day prn. The order did not specify why the Resident would need to take the medication (pain).</p> <p>b) The file for Resident #3 contained an order to take ProAir HFA 1 to 2 inhalations every 4 to 6 hours prn. The order did not specify why the</p>	YA905			

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YA905	Continued From page 24 Resident would need to take the medication (shortness of breath). Severity: 2 Scope: 2	YA905		
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.	YA930		

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YA930	<p>Continued From page 25</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain a complete record with all required documentation for 6 of 10 residents.</p> <p>Findings include:</p> <p>Resident #4</p> <p>The file for Resident #4 did not contain evidence of an initial Activities of Daily Living (ADLs) evaluation or an annual ADLs evaluation (due 6/07).</p>	YA930		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/11/2008
NAME OF PROVIDER OR SUPPLIER SPRING VALLEY ALZ CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA930	<p>Continued From page 26</p> <p>Resident #5</p> <p>The file for Resident #5 did not contain evidence of:</p> <ul style="list-style-type: none"> a) an initial physician's exam; b) a physician's statement regarding the Resident's level of care required and c) a current hospice plan of care. <p>Resident #7</p> <p>The file for Resident #7 did not contain evidence of an initial Activities of Daily Living (ADLs) evaluation.</p> <p>Resident #8</p> <p>The file for Resident #8 did not contain evidence of:</p> <ul style="list-style-type: none"> a) an initial Physician's exam; b) an annual Physician's exam for January 2007 and January 2008; and c) a hospice waiver request (admitted to Odyssey Hospice 3/16/07). <p>Resident #9</p> <p>The file for Resident #9 did not contain evidence of:</p>	YA930		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

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YA930	Continued From page 27 a) an initial ADLs evaluation and b) a hospice waiver request. Resident #10 The file for Resident #10 did not contain evidence of an initial ADLs evaluation. Severity: 2 Scope: 3	YA930			
YA980 SS=F	449.2756(1)(a-g) Alzheimers NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (f) The facility has an area outside the facility	YA980			

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YA980	<p>Continued From page 28</p> <p>or a yard adjacent to the facility that:</p> <p>(1) May be used by the residents for outdoor activities;</p> <p>(2) Has at least 40 square feet of space for each resident in the facility;</p> <p>(3) Is fenced; and</p> <p>(4) Is maintained in a manner that does not jeopardize the safety of the residents.</p> <p>È All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.</p> <p>(g) All toxic substances are not accessible to the residents of the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure toxic substances and other items that could constitute a danger were not accessible to 10 of 10 residents.</p> <p>Findings include:</p> <p>On 4/10/08, during the initial tour, 2 bottles of generic sore throat spray were on a nightstand in one of the bedrooms, toiletries (lotion, hand sanitizer, mouthwash) were on a nightstand in another bedroom. There were several items in a bathroom drawer (toothpaste, lotion and disposable razors) that were accessible to the residents.</p> <p>Severity: 2 Scope: 3</p>	YA980		

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